

Foster Family Home - Corrective Action Report

Provider ID: 1-511198

Home Name: Juanita Naone, CNA

Review ID: 1-511198-5

2020 Puna Street

Reviewer: Lisa Johnson

Honolulu

HI 96817

Begin Date: 3/5/2019

Foster Family Home

Required Certificate

[11-800-6]

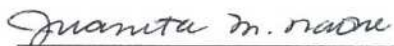
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

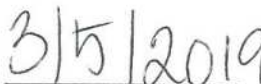
6.d.1 Home visit for 2 person home recertification. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.




Compliance Manager



Primary Care Giver



Date



Date